144D.2 Physician orders for scope of treatment (POST) form.

- 1. The POST form shall be a uniform form based upon the national physician orders for life-sustaining treatment paradigm form. The form shall have all of the following characteristics:
 - a. The form shall include the patient's name and date of birth.
 - b. The form shall be signed and dated by the patient or the patient's legal representative.
- c. The form shall be signed and dated by the patient's physician, advanced registered nurse practitioner, or physician assistant.
- d. If preparation of the form was facilitated by an individual other than the patient's physician, advanced registered nurse practitioner, or physician assistant, the facilitator shall also sign and date the form.
- e. The form shall include the patient's wishes regarding the care of the patient, including but not limited to all of the following:
 - (1) The administration of cardiopulmonary resuscitation.
 - (2) The level of medical interventions in the event of a medical emergency.
 - (3) The use of medically administered nutrition by tube.
- f. The form shall be easily distinguishable to facilitate recognition by health care providers, hospitals, and health care facilities.
- g. An incomplete section on the form shall imply the patient's wishes for full treatment for the type of treatment addressed in that section.
- 2. The department shall prescribe the uniform POST form and shall post the form on the department's internet site for public availability.

2012 Acts, ch 1008, §3; 2013 Acts, ch 90, §257; 2021 Acts, ch 182, §66